

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 04/17/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 04/19/2005					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		21	15	DUPLICATE OF CLAIM-SYSTEM	2	46	54
							8
		24	2	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI			
3404904	WESTERN HIGHLAN DS LME	21	3826	DUPLICATE OF CLAIM-SYSTEM			
		8505	2251	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	169	8447	16826
							8373
		8599	1656	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404910	PATHWAYS	8505	2391	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8518	373	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	3200	3923
							709
		8800	218	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404912	CATAMBA COUNTY ENTAL HEALT	8505	2484	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	2557	2705
							134
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404913	MECKLENBURG COM ENTAL HEALT	21	16626	DUPLICATE OF CLAIM-SYSTEM			
		8329	10405	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	4530	44759	57904
							11380
		8599	8159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404916	CROSSROADS BEHA VIORAL HEAL	8505	1131	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8517	64	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	1219	1915
							696
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8505	5975	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		120	373	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	49	6741	7348	607
		8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE	22	242	518	276
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1023	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	200	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	58	1438	4286	2817
		21	89	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASHEL L AREA MEI D	8505	3658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1442	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	16	5761	8459	2698
		8800	201	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1430	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	769	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	35	3317	5229	1699
		5312	677	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	8505	2834	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	297	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3339	5919	2580
		21	139	DUPLICATE OF CLAIM-SYSTEM				
3404923	VGFW AREA AUTHO RITY	8505	185	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	80	DUPLICATE OF CLAIM-SYSTEM	0	370	1984	1070
		8800	43	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	8505	1462	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	262	DETAIL NOT COVERED BY COMBINAT	35	2092	7073	4981
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	101	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE	8505	1591	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		8599	140	DETAIL NOT COVERED BY COMBINAT	56	2088	4617	2529
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	128	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404927	CUMBERLAND CO M	8505	1822	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	215	FURTHER PROCESSING NECESSARY,	3	2292	3189	897
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	201	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE BARNETT MH/	8505	1066	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		8329	12	CLAIM DENIED ATTENDING PROVIDE	0	1103	1526	423
				R CANNOT BE THE SAME AS				
				THE LMA				
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	8505	1	CLAIM DENIED DUE TO INSUFFICIE				
	MNVL WLTHC			NT BUDGET				
		0	0		0	1	2	1
3404931	WAKE CO HUM SVC	11	318	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		21	267	DUPLICATE OF CLAIM-SYSTEM	82	888	2111	1222
		27	104	DIAGNOSIS CODE MISSING OR INVA				
				LTD. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	23	2612	SERVICE REQUIRES PRIOR APPROVA				
	R FOR MH/DD			L				
		8505	788	CLAIM DENIED DUE TO INSUFFICIE	0	3660	3794	134
				NT BUDGET				
		8800	162	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

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3404934	ONSLow COUNTY B EHAVIORAL H	8505	142	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	82	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	404	910	506
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	758	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	19	DUPLICATE OF CLAIM-SYSTEM	20	807	2163	1356
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	605	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	676	2356	1680
		21	23	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	23	63	SERVICE REQUIRES PRIOR APPROVA L				
		24	18	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	6	107	1282	1113
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	11	54	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	206	2896	2307
		8651	31	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404941	PITT CO MR/DD/S AS CENTER	8599	500	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	285	CLIENT NOT ELIGIBLE ON SERVICE DATE	72	1208	2640	1380
		120	103	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	12	DUPLICATE OF CLAIM-SYSTEM	7	112	2144	2032
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404943	ALBEMARLE MENTAL HEALTH CTR	8505	72	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE	49	294	1202	651
		191	41	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMAN SERVICES	8505	990	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	175	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	53	1270	5243	3880
		8931	26	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8599	392	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	286	DUPLICATE OF CLAIM-SYSTEM	93	1055	12296	10564
		191	162	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404957	TIDEWATER MENTAL HEALTH CTR	8599	63	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	15	DUPLICATE OF CLAIM-SYSTEM	20	109	1455	1075
		8931	14	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404979	NEW RIVER AREA MENTAL HEALTH CTR	8800	78	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	41	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	4	128	601	387
		8931	4	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				